Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Gary First name L Middle name	-	First name Middle name		
	Bring your picture identification to your meeting with the trustee.	Hathaway Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years	,				
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3084				

Case number (if known)

Debtor 1 Gary L Hathaway

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live	337 Misty Valley Dr	If Debtor 2 lives at a different address:				
		Saint Peters, MO 63376 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		•	Number, Street, City, State & ZIP Code				
		Saint Charles County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Debtor 1 Gary L Hathaway Pg 3 of 60 Case number (if known)

Par	t 2: Tell the Court About	our Bar	nkruptcy Ca	se						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	☐ Cha	pter 7							
		☐ Cha	pter 11							
		☐ Cha	pter 12							
		■ Cha	pter 13							
			•							
8.	How you will pay the fee	_ a o	bout how yo	u may pay. Typically, if you attorney is submitting your p	are paying	the fee yourself,	you may pay with cash	r local court for more details n, cashier's check, or money n a credit card or check with		
				the fee in installments. If e in Installments (Official Fo		e this option, sigr	and attach the Applica	ation for Individuals to Pay		
		_ ı	request tha	t my fee be waived (You m	nay request					
								of the official poverty line that this option, you must fill out		
				n to Have the Chapter 7 Fil						
9.	Have you filed for bankruptcy within the	□ No.								
	last 8 years?	Yes.								
			District	moebke	When	9/22/18	Case number	18-46052		
			District	moebke	When	6/23/11	Case number	4:11-bk-46563		
			District		When		Case number			
10.	Are any bankruptcy cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor				Relationship to y	ou		
			District		When		Case number, if	known		
			Debtor				Relationship to y	/ou		
			District		When		Case number, if	known		
11. Do you rent your Go to line 12.										
	Do you rent your residence?	No.								
		☐ Yes.	•	ur landlord obtained an evid	ction judgme	ent against you?				
				No. Go to line 12.						
			Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.							

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 4 of 60 Case number (# known)

Debtor 1 Gary L Hathaway Case number (if known)

Part	Report About Any Bu	sinesses	You Owr	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?						
		☐ Yes.	Name	and location of bus	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, Star	te & ZIP Code		
	it to this petition.		Chec	Check the appropriate box to describe your business:			
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above	9		
13.	13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist.						
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?			
	identifiable hazard to public health or safety?						
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
					Number, Street, City, State & Zip Code		

Pg 5 of 60

Debtor 1

Part 5:

Gary L Hathaway

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	Case 19-405: tor 1 Gary L Hathaway	29 D	oc 1 Filed 01/30/1	9 Entered 01/30/19 17:01: Pg 6 of 60 Case numb					
Part	6: Answer These Quest	ions for F	Reporting Purposes						
	What kind of debts do	16a.	Are your debts primarily of		efined in 11 U.S.C. § 101(8) as "incurred by an				
	you have?		☐ No. Go to line 16b.	rsonal, family, or household purpose."					
			Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or busine	ess debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.		Do you estimate that after any exempt provailable to distribute to unsecured creditor	operty is excluded and administrative expense s?				
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000				
	you estimate that you owe?	□ 50-99		5001-10,000	☐ 50,001-100,000				
		□ 100- ²		□ 10,001-25,000	☐ More than100,000				
19.	How much do you	□ \$0 - \$	\$50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
			,001 - \$500,000 ,001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you	□ \$0 - 9	+ /	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	_	001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion				
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
Part	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
				7, I am aware that I may proceed, if eligibl relief available under each chapter, and I	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.				
			, ,	not pay or agree to pay someone who is r he notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		bankrup and 357	tcy case can result in fines up	t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519				
		Gary L	Hathaway re of Debtor 1	Signature of Debi	tor 2				

Executed on January 30, 2019 MM / DD / YYYY

MM / DD / YYYY

Executed on

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Debtor 1 Gary L Hathaway

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

/s/ Tobias Licker	Date	January 30, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Tobias Licker		
Printed name		
A & L, Licker Law Firm, LLC		
Firm name		
1861 Sherman Drive		
Saint Charles, MO 63303		
Number, Street, City, State & ZIP Code		
Contact phone 636-916-5400	Email address	Tobias@lickerlawfirm.com
56778 MO		
Bar number & State		

	Case 19-4052	9 Doc 1		Entered 01/30	/19 17:01:55	Main [Docum	nent
Fill	in this information to ide	entify your case): -:	eg 8 of 60				
Deb	otor 1 Gary L	Hathaway						
D-1	First Name	-	Middle Name	Last Name				
	otor 2 use if, filing) First Name		Middle Name	Last Name				
Uni	ted States Bankruptcy Co	urt for the: EA	ASTERN DISTRICT OF M	MISSOURI				
Cas	se number							
(if kn						_	Check if	
L							amended	I filing
		_						
	ficial Form 106							
	mmary of Your A						12/	
info	rmation. Fill out all of yo	ur schedules fi	rst; then complete the in	nformation on this forr	m. If you are filing a			
you	original forms, you mus	st fill out a new	Summary and check th	e box at the top of this	s page.			
Par	11: Summarize Your	Assets						
						-	our asse	
						V	alue of w	hat you own
1.	Schedule A/B: Property 1a. Copy line 55, Total re	y (Official Form ? eal estate, from \$	106A/B) Schedule A/B			9	\$	159,671.00
	1b. Copy line 62, Total p	ersonal property	, from Schedule A/B			9	\$	19,243.25
	1c. Copy line 63, Total o	f all property on	Schedule A/B			(\$	178,914.25
Par	2: Summarize Your L	iahilities						<u> </u>
ı aı	Cammanae Tour						'a liabi	1141
							our liabi mount yo	
2.			Secured by Property (Of			,	•	100 052 69
	2a. Copy the total you lis	sted in Column A	, Amount of claim, at the	bottom of the last page	of Part 1 of Schedule	D	\$	190,952.68
3.			ecured Claims (Official Fo iority unsecured claims) f		<i>E/F</i>		\$	0.00
	3b. Copy the total claim	s from Part 2 (no	onpriority unsecured claim	ns) from line 6j of <i>Schea</i>	lule E/F	9	\$	19,942.49
					Your total liabi	lities \$_		210,895.17
Par	3: Summarize Your I	ncome and Exp	enses					
4.	Schedule I: Your Income					(\$	5,403.82
		•	m line 12 of Schedule I				Ψ	
5.	Schedule J: Your Expent Copy your monthly expe		m 106J) 2c of <i>Schedule J</i>			Ş	\$	2,415.00
Par			ninistrative and Statistic					

Allswer These Questions for Auministrative and Statistical Necords

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Gary L Hathaway Pg 9 of 60 Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 7,343.45

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill i			your case and th		30/19 Entered 01/30/19 1. Pg 10 of 60 g:	7.01.55	Main L	ocument	
Debt	or 1	Gary L Hath	awav						
	-	First Name		Name	Last Name				
Debt (Spous		First Name	Middle	Name	Last Name				
Linite	ad States Rankr	uptcy Court for	the: FASTERN	DISTR	ICT OF MISSOURI				
Office	d States Dariki	upicy Court for	the. LAGILITY	DIOTIC	NICOCOLLI				
Case	e number							☐ Check if this is an amended filing	
Οŧτ:	isial Fama	- 100 A /F	•						
_		n 106A/E A/B: P ı	-					12/15	
				an asse	only once. If an asset fits in more than one	category, list	the asset in		
	er every question	n.	·		his form. On the top of any additional pages, I Estate You Own or Have an Interest In			()	
	No. Go to Part 2. Yes. Where is th	e property?							
1.1	337 Misty Va	alley Dr		Wha	t is the property? Check all that apply				
_		vailable, or other des	cription		Single-family home Duplex or multi-unit building	the amount of	Do not deduct secured claims or exemptions. F the amount of any secured claims on <i>Schedule</i>		
					' _ ·	Creditors Wh	ns Secured by Property.		
				_					
	Saint Peters	МО	63376-0000			Current valuentire prope		Current value of the portion you own?	
-	City	State	ZIP Code				,671.00	\$159,671.00	
								our ownership interest	
				Who	Other has an interest in the property? Check one	(such as fee a life estate)	s fee simple, tenancy by the entireties, o		
					Debtor 1 only	Fee Simp	le		
_	Saint Charle	S			Debtor 2 only				
	County				200101 1 4114 200101 2 0111)			munity property	
				Othe	At least one of the debtors and another r information you wish to add about this item	(see instr n, such as loca	,		
				prop	erty identification number:				
					idence- Fair Condition eds Baths Sqft				
					your entries from Part 1, including any		>	\$159,671.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 11 of 60 Case number (if known) Debtor 1 Gary L Hathaway 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Volkswagen Make: Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put Jetta Sedan Sedan 4D the amount of any secured claims on Schedule D: Debtor 1 only GLI I4 Tu Creditors Who Have Claims Secured by Property. Model: 2014 Year: Debtor 2 only Current value of the Current value of the 18,400 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another **Good Condition** \$18,066.25 \$18,066.25 Co- Signer With Friend ☐ Check if this is community property (see instructions) Location: 337 Misty Valley Dr, Saint Peters MO 63376 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$18,066.25 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... Bed. Couch. Recliner. Dresser. Kitchen Appliances. Washer & \$850.00 Location: 337 Misty Valley Dr, Saint Peters MO 63376 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$75.00 TV. Portable Radio. 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No

Yes. Describe.....

Old Albums

Location: 337 Misty Valley Dr., Saint Peters MO 63376

\$50.00

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 12 of 60 Case number (if known) Debtor 1 Gary L Hathaway 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Clothing and Shoes \$200.00 Location: 337 Misty Valley Dr, Saint Peters MO 63376 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... 2 Dogs \$0.00 Location: 337 Misty Valley Dr, Saint Peters MO 63376 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1.175.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

Institution name: Yes.....

17.1. Checking

First Community Credit Union.

\$2.00

De	ebtor 1	Gary	L Hathaw	ay	Pg 13 of 60	Case number (if known)	
18.				publicly traded stocks vestment accounts with br	okerage firms, money market accou	nts	
	■ No			In attituition on income			
				Institution or issuer	name:		
19.		ublicly t venture	raded stocl	c and interests in incorp	orated and unincorporated busin	esses, including an interest in an LLC,	partnership, and
	■ No						
	⊔ Yes.	. Give sp	oecific inform	nation about them Name of entity:		% of ownership:	
20.	Nego: Non-r	tiable ins	struments inc	clude personal checks, ca	otiable and non-negotiable instruing shiers' checks, promissory notes, ar ansfer to someone by signing or deli	d money orders.	
	■ No □ Yes.	. Give sp	ecific inform	ation about them			
21.	<i>Exam</i> □ No	ples: Inte	pension acerests in IRA	counts , ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or otl	ner pension or profit-sharing plans	
	— 163.	. List eat		Type of account:	Institution name:		
				Pension	USPS. Does not recieve	yet.	\$0.00
	■ No	ples: Ag		th landlords, prepaid rent,	public utilities (electric, gas, water), Institution name or individua	telecommunications companies, or other	S
23.				periodic payment of mon	ey to you, either for life or for a num	per of years)	
	■ No		Issue	er name and description.			
				·			
24.				PA(b), and 529(b)(1).	ualified ABLE program, or under	a qualified state tuition program.	
	☐ Yes.		Instit	ution name and descriptio	n. Separately file the records of any	interests.11 U.S.C. § 521(c):	
25.	Trusts No	s, equita	ble or futur	e interests in property (o	other than anything listed in line 1), and rights or powers exercisable for	your benefit
		Give sp	oecific inform	nation about them			
26.					nd other intellectual property eds from royalties and licensing agre	ements	
	☐ Yes.	Give sp	pecific inform	nation about them			
27.				d other general intangibles, exclusive licenses, coo	es perative association holdings, liquor	licenses, professional licenses	
		Give s	oecific inform	nation about them			
M	oney or	propert	y owed to y	ou?		portion	nt value of the n you own? deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 14 of 60 Case number (if known) Debtor 1 Gary L Hathaway 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No \square Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: USPS. Term Life. **Charlie Slinkard** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Official Form 106A/B Schedule A/B: Property page 5

■ No. Go to Part 7.

□ Yes. Go to line 47.

Debtor 1 Gary L Hathaway Pg 15 of 60 Case number (if known)

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership $\hfill \square$ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$159,671.00 56. Part 2: Total vehicles, line 5 \$18,066.25 57. Part 3: Total personal and household items, line 15 \$1,175.00 58. Part 4: Total financial assets, line 36 \$2.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$19,243.25 Copy personal property total \$19,243.25 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$178,914.25

Official Form 106A/B Schedule A/B: Property page 6

	Case 1	9-40529 Doc	1 -	iled 01/30/19		ered 01/30/19 17:01:55	Main Document
Fil	I in this inform	ation to identify your	case:			of 60	
De	ebtor 1	Gary L Hathaway					
De	ebtor 2	First Name	N	/liddle Name	La	ast Name	
1 -	ouse if, filing)	First Name	N	/liddle Name	La	ast Name	
Un	nited States Bank	kruptcy Court for the:	EAST	ERN DISTRICT OF MI	ISSOL	JRI	
	ase number						☐ Check if this is an amended filing
O ¹	fficial For	m 106C					
S	chedule	C: The Pro	oper	ty You Cla	im	as Exempt	4/16
the nee cas	property you list eded, fill out and se number (if kno	ted on Schedule A/B: I attach to this page as own).	Property many co	(Official Form 106A/B) opies of <i>Part 2: Addition</i>	as yo nal Pa	ur source, list the property that you oge as necessary. On the top of any a	additional pages, write your name and
spe any fun exe	ecific dollar amore applicable standard and applicable standard applicable seemed.	ount as exempt. Alter tutory limit. Some ex limited in dollar amo rticular dollar amoun statutory amount.	natively emption unt. How t and the	, you may claim the fo is—such as those for wever, if you claim an e value of the propert	ull fai healt exem	ount of the exemption you claim. Or market value of the property beinth aids, rights to receive certain be aption of 100% of fair market value etermined to exceed that amount,	ng exempted up to the amount of enefits, and tax-exempt retirement a under a law that limits the
Pa	rt 1: Identify	the Property You Cla	aim as E	xempt			
1.	Which set of e	exemptions are you c	laiming	? Check one only, ever	n if yo	ur spouse is filing with you.	
	You are clai	ming state and federal	nonban	kruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	☐ You are clai	ming federal exemptio	ns. 11 l	U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Sched	lule A/B	that you claim as exe	empt,	fill in the information below.	
		n of the property and lin	e on	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		alley Dr Saint Peter Charles County	s, MO	\$159,671.00		\$15,000.00	RSMo § 513.475
		Fair Condition ths Sqft				100% of fair market value, up to any applicable statutory limit	
		agen Jetta Sedan 18,400 miles	Sedan	\$18,066.25		\$0.00	RSMo § 513.430.1(5)
	Good Condi Co- Signer V	tion Vith Friend 17 Misty Valley Dr, 9 3376	Saint			100% of fair market value, up to any applicable statutory limit	
	Bed, Couch	Recliner, Dresser.		\$050.00	_	\$850.00	RSMo § 513.430.1(1)
		liances. Washer &		\$850.00			3

Peters MO 63376 Line from Schedule A/B: 6.1

TV. Portable Radio.

Line from Schedule A/B: 7.1

\$75.00

☐ 100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$75.00

Location: 337 Misty Valley Dr, Saint

RSMo § 513.430.1(1)

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	CHE	eck only one box for each exemption.	
	Old Albums Location: 337 Misty Valley Dr, Saint	\$50.00		\$50.00	RSMo § 513.430.1(1)
	Peters MO 63376 Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	
	Clothing and Shoes Location: 337 Misty Valley Dr, Saint	\$200.00		\$200.00	RSMo § 513.430.1(1)
	Peters MO 63376 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	2 Dogs Location: 337 Misty Valley Dr, Saint	\$0.00		\$0.00	RSMo § 513.430.1(1)
	Peters MO 63376 Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
	Checking: First Community Credit Union.	\$2.00		\$2.00	RSMo § 513.430.1(3)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Pension: USPS. Does not recieve yet. Line from Schedule A/B: 21.1	\$0.00		\$0.00	RSMo § 513.430.1(10)(e)
	Line Iron Schedule A.B. 2111			100% of fair market value, up to any applicable statutory limit	
	USPS. Term Life. Beneficiary: Charlie Slinkard	\$0.00		\$0.00	RSMo § 513.430.1(7)
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustme	nt.)
	No				
	Yes. Did you acquire the property covered No	ed by the exemption w	ithin 1	,215 days before you filed this case	?

☐ Yes

Fill in this informa	ation to identify you	ır case:	L8 of 60			
Debtor 1	Gary L Hathawa	Middle Name	Last Name			
Debtor 2	riistivaine	ivilidale marile	Lastinaille			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	EASTERN DISTRICT OF MISS	SOURI			
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
					·	
Official Form	<u>106D</u>					
Schedule D	D: Creditors	Who Have Claims	Secure	d by Property	/	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors ha	ave claims secured by	y your property?				
☐ No. Check to	his box and submit tl	his form to the court with your other	schedules. Y	ou have nothing else to	report on this form.	
_	all of the information	·		, g : 20 to		
		below.				
Part 1: List All	Secured Claims			Column A	Column B	Column C
		more than one secured claim, list the cre		/		Unsecured
		s a particular claim, list the other creditors cal order according to the creditor's nam		Amount of claim Do not deduct the	Value of collateral that supports this	portion
O d Union Britis	·	Description of the second second		value of collateral.	claim	If any
2.1 Home Point	t Financial C	Describe the property that secures t		\$171,588.19	\$159,671.00	\$11,917.19
Orealion 3 Name		337 Misty Valley Dr Saint Pe 63376 Saint Charles County				
		Residence- Fair Condition	'			
11511 Luna	Rd Ste 300	3 Beds Baths Sqft				
Farmers Br		As of the date you file, the claim is:	Check all that			
75234	anon, 1x	apply. Contingent				
Number, Street, C	City, State & Zip Code	Unliquidated				
, , .	,,	☐ Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as i	mortgage or sed	cured		
Debtor 2 only		car loan)				
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim		Other (including a right to offset)	Mortgage			
community debt	t					
Date debt was incur	red <u>5/11/2016</u>	Last 4 digits of account numl	ber <u>9515</u>			
Cantondon	C					
2.2 Santander Usa	Consumer	Describe the property that secures t	the claim:	\$19,364.49	\$18,066.25	\$1,298.24
Creditor's Name		2014 Volkswagen Jetta Seda				
		Sedan 4D GLI I4 Tu 18,400 n				
		Good Condition				
		Co- Signer With Friend				
		Location: 337 Misty Valley D	r, Saint			
		Peters MO 63376 As of the date you file, the claim is:	Chook all that			
Po Box 961		apply.	Crieck all triat			
Ft Worth, T		Contingent				
Number, Street, C	City, State & Zip Code	☐ Unliquidated				
Who owes the debt	t? Chaok are	☐ Disputed Nature of lien. Check all that apply.				
_	• • Check one.			ara d		
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as rear loan)	nongage or sec	curea		
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			

Official Form 106D

Debtor 1 Gary L Hathaway		Case number (if known)						
First Name Middle N	ame Last Name							
At least one of the debtors and another	☐ Judgment lien from a lawsuit							
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Purchase Money Security						
Date debt was incurred 7/2018	Last 4 digits of account num	1000						
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here: Part 2: List Others to Be Notified for	the dollar value totals from all pages	\$190,952.68						
trying to collect from you for a debt you o	we to someone else, list the creditor t you listed in Part 1, list the addition	a debt that you already listed in Part 1. For example, if a collection agency is in Part 1, and then list the collection agency here. Similarly, if you have more al creditors here. If you do not have additional persons to be notified for any						
Name, Number, Street, City, State & Millsap & Singer, P.C.	Zip Code	On which line in Part 1 did you enter the creditor? 2.1						
612 Spirit Drive Chesterfield, MO 63005		Last 4 digits of account number						

	Case	19-40529 DOC	T Flied OT	130/19 Elliel	ea 01/30	17.01.55	Main Docu	ment
Fil	I in this infor	mation to identify your o	case:	Pg 20 of	60			
De	ebtor 1	Gary L Hathaway						
		First Name	Middle Name	Last N	ame			
De	ebtor 2							
(Sp	ouse if, filing)	First Name	Middle Name	Last N	ame			
Ur	nited States Ba	ankruptcy Court for the:	EASTERN DIST	RICT OF MISSOURI				
Ca	ase number							
	known)						_	if this is an led filing
							l amend	ied illing
Of	ficial For	m 106E/F						
		E/F: Creditors W	ho Have Ur	secured Clair	ms			12/15
any Sch	executory cor edule G: Exec	nd accurate as possible. Us ntracts or unexpired leases utory Contracts and Unexpi itors Who Have Claims Seci	that could result in ired Leases (Officia	a claim. Also list exec I Form 106G). Do not in	utory contracticlude any cre	ts on Schedule A/B: I editors with partially s	Property (Official For secured claims that a	m 106A/B) and on are listed in
		ntinuation Page to this pag ımber (if known).	e. If you have no in	formation to report in a	Part, do not	file that Part. On the t	op of any additional	pages, write your
Pa	rt 1: List A	All of Your PRIORITY Un	secured Claims					
1.	Do any credit	tors have priority unsecured	d claims against yo	u?				
	☐ No. Go to	Part 2.						
	Yes.							
2.	identify what t possible, list the	ur priority unsecured claims ype of claim it is. If a claim ha he claims in alphabetical orde than one creditor holds a pa	s both priority and no r according to the cre	onpriority amounts, list the editor's name. If you have	at claim here a e more than tw	and show both priority a	and nonpriority amoun	ts. As much as
	(For an explar	(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)						
						Total claim	Priority amount	Nonpriority amount
2.1	IRS		l act /	digits of account numb	or 3084	\$0.00	\$0.00	
2.1		reditor's Name	Last 4	digits of account numb	3004		φυ.υυ	40.00
	РО Во		When	was the debt incurred?			_	
	Philade	elphia, PA 19101-7346						
		Street City State Zip Code		he date you file, the cla	im is: Check	all that apply		
	_	ed the debt? Check one.	□ Cor	ntingent				
	Debtor 1	only	☐ Unli	iquidated				
	Debtor 2	only	☐ Disp	outed				
	Debtor 1	and Debtor 2 only	Type o	f PRIORITY unsecured	claim:			
	☐ At least o	one of the debtors and anothe	r 🗖 Dor	nestic support obligation	S			
	☐ Check if	this claim is for a commun	nitv debt	es and certain other deb	ts you owe the	government		
		subject to offset?	· _	ims for death or persona	•	•		
	■ No	•		er. Specify	. , -,-			
	☐ Yes		- 000	Notice C	nly			-
					-			

Pg 21 of 60 Case number (if known) Debtor 1 Gary L Hathaway 2.2 Missouri Department of Revenue Last 4 digits of account number 3084 \$0.00 \$0.00 \$0.00 Priority Creditor's Name PO Box 475 When was the debt incurred? 301 W. High Street Jefferson City, MO 65105-0475 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated ■ No Other, Specify ☐ Yes **Notice Only** 2.3 **United States Attorney** \$0.00 Last 4 digits of account number 3084 \$0.00 \$0.00 Priority Creditor's Name When was the debt incurred? 111 South 10th Street 20th Floor Saint Louis, MO 63102 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes **Notice Only**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

 \square No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Pg 22 of 60 Case number (if known) Debtor 1 Gary L Hathaway 4.1 Americash Loan Last 4 digits of account number 3084 \$2,000.00 Nonpriority Creditor's Name 10026 W Florissant Ave When was the debt incurred? 2016 Saint Louis, MO 63136 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment Loan ☐ Yes 4.2 **Capital One Auto Finan** Last 4 digits of account number 1001 \$3,788.63 Nonpriority Creditor's Name 3901 Dallas Pkwy When was the debt incurred? 9/2016 Plano, TX 75093 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Π Yes **Deficiency Balance** Other. Specify 4.3 **Check Into Cash** Last 4 digits of account number 2084 \$1,800.00 Nonpriority Creditor's Name 2208 State Hwy K When was the debt incurred? O Fallon, MO 63368 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

■ No ☐ Yes ☐ Student loans

Other. Specify

report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Personal Loan

☐ Check if this claim is for a community

Is the claim subject to offset?

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Pg 23 of 60 Case number (if known) Debtor 1 Gary L Hathaway 4.4 **Credit One** Last 4 digits of account number 9094 \$1,460.00 Nonpriority Creditor's Name PO Box 98873 When was the debt incurred? 11/2017 Las Vegas, NV 89193 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.5 **Credit One** Last 4 digits of account number 3159 \$891.11 Nonpriority Creditor's Name PO Box 98872 When was the debt incurred? 9/2017 Las Vegas, NV 89193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Π Yes **Credit Card** Other, Specify 4.6 **Global Payments Check** Last 4 digits of account number 3707 \$231.00 Nonpriority Creditor's Name Po Box 59371 When was the debt incurred? 10/2017 Chicago, IL 60659 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Returned Check** ☐ Yes Other. Specify

Case 19-40529

Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 24 of 60 Case number (if known) Debtor 1 Gary L Hathaway 4.7 **Loan Depot** Last 4 digits of account number 3084 \$1,922.50 Nonpriority Creditor's Name 719 Hwv K When was the debt incurred? 2017 O Fallon, MO 63366 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment Loan ☐ Yes 4.8 **Loan Master** Last 4 digits of account number 0135 \$1,544.79 Nonpriority Creditor's Name **DBA TITLE CASH** When was the debt incurred? 7/13/2018 11685 W Floissant Florissant, MO 63033 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Judgment Other. Specify 4.9 \$2,874.46 Onemain Last 4 digits of account number 9814 Nonpriority Creditor's Name Po Box 1010 When was the debt incurred? 12/2017 Evansville, IN 47706 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Deficiency Balance ☐ Yes

Debtor	1 Gary L Hathaway	Pg 25 of 60	Case number (if known)	
4.1	Personal Finance/marin	Last 4 digits of account number	_{er} 4420	\$2,360.0
	Nonpriority Creditor's Name 8211 Town Center Dr	When was the debt incurred?	10/2016	_
	Baltimore, MD 21236 Number Street City State Zip Code	As of the date you file, the clai	m is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	eparation agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sha	aring plans, and other similar debts	
	Yes	Other. Specify Personal	Loan	_
4.1	W 115' 0		7004	
1	World Finance Corporat Nonpriority Creditor's Name	Last 4 digits of account number	7001	\$1,070.0
	108 Frederick St Greenville, SC 29607	When was the debt incurred?	12/2017	_
	Number Street City State Zip Code	As of the date you file, the clai	m is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	eparation agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sha	aring plans, and other similar debts	
	Yes	Other. Specify Deficience	cy Balance	_
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed		
is tryii have i	ng to collect from you for a debt you owe to	someone else, list the original credito hat you listed in Parts 1 or 2, list the ad	at you already listed in Parts 1 or 2. For exam r in Parts 1 or 2, then list the collection agend dditional creditors here. If you do not have ac	y here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did y		
	Funding, LLC esurgent Capital Services	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Cla	
Bankr PO Bo	uptcy Department ox 10497, MS 576, Suite 110		Part 2: Creditors with Nonpriority Unsecured	I Claims
Green	ville, SC 29603	Last 4 digits of account number		
Name a	nd Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?	
	Funding, LLC	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Cla	aims
Bankr PO Bo	esurgent Capital Services uptcy Department ox 10497, MS 576, Suite 110		■ Part 2: Creditors with Nonpriority Unsecured	l Claims
Green	ville, SC 29603	Last 4 digits of account number		
Part 4:	Add the Amounts for Each Type of	Insecured Claim		
6. Total			al reporting purposes only. 28 U.S.C. §159. Ad	dd the amounts for each
type 0	. anoodi ou olumn		Total Claim	
	6a Domestic support obligation	ins	6a ¢ 0.00	,

Official Form 106 E/F

Debtor 1 Gary L Hathaway

Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total claims	6f.	Student loans	6f.	\$ 0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,942.49
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 19,942.49

Fill in this inform	mation to identify your	case:	Pg 27 01 60	
Debtor 1	Gary L Hathaway			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF MISSOURI	
Case number _				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	-
	•				

Case	13-40329 D00	T Filed 01/30/1		00/19 17.01.55	Main Document
Fill in this info	rmation to identify your	case:	Pg 28 of 60		
Debtor 1	Gary L Hathaway	1			
Dahtar 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H e H: Your Cod	ebtors			12/15
people are filin fill it out, and n	g together, both are equumber the entries in the	ally responsible for supp	olying correct information the Additional Page to	on. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do you	have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
□ No ■ Yes					
		u lived in a community pr , Nevada, New Mexico, Pu			ty states and territories include)
■ No. Go	to line 3.				
☐ Yes. Did	l your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line 2 a	gain as a codebtor only i D), Schedule E/F (Officia	if that person is a guaran	tor or cosigner. Make s	ure you have listed t	ng with you. List the person shown the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fi
	mn 1: Your codebtor Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt les that apply:
1300	rlie Slinkard) Fairview Glen Dr nt Peters, MO 63376			■ Schedule D, □ Schedule E/F □ Schedule G _ Santander Con	F, line

	in this information to identify your control of the Gary L Hath						
	otor 2	away					
	use, if filing)						
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF MISSOURI				
	se number				ck if this is:		
(II KII	own)			l	An amende A suppleme	J	stpetition chapter
						as of the followi	
<u>O</u> 1	fficial Form 106I			Ī	MM / DD/ Y	YYY	
S	chedule I: Your Inc	ome					12/15
atta Par	use. If you are separated and you ch a separate sheet to this form. Describe Employment						
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing	spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed		☐ Emplo	•	
	information about additional	. ,	☐ Not employed		☐ Not e	mployed	
	employers.	Occupation	Letter Carrier				
	Include part-time, seasonal, or self-employed work.	Employer's name	U.S. Postal Service				
	Occupation may include student or homemaker, if it applies.	Employer's address	1600 Woodstone Saint Charles, MO 63303				
		How long employed the	here? Since 1995				
Par	t 2: Give Details About Mor	nthly Income					
	mate monthly income as of the dise unless you are separated.	ate you file this form. If y	you have nothing to report for any	line, writ	e \$0 in the	space. Include	your non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all emplo	oyers for	r that perso	on on the lines b	elow. If you need
				For De	ebtor 1	For Debtor 2 non-filing sp	
2.	List monthly gross wages, sala deductions). If not paid monthly,	•	' '	7	7,680.16	\$	N/A
3.	Estimate and list monthly overt	ime pay.	3. +\$		0.00	+\$	N/A

Official Form 106I Schedule I: Your Income page 1

7,680.16

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	otor 1	Gary L Hathaway		C	ase nu	umber (<i>if ki</i>	nown)				
					For D	ebtor 1			Debtor 2 filing sp		
	Cop	y line 4 here	4.	_	\$	7,680	0.16	\$		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	1,59	5.88	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	١.	\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	364	4.59	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d	l.	\$	(0.00	\$		N/A	-
	5e.	Insurance	5e).	\$	27	7.95	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$		0.00	\$		N/A	_
	5g.	Union dues	5g		\$	5	5.84	\$		N/A	_
	5h.	Other deductions. Specify: Charity	_ 5h	1.+	\$			+ \$		N/A	_
		HP9GI	_		\$	223	3.41	\$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	:	\$	2,270	6.34	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	:	\$	5,403	3.82	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$		2.00	\$		NI/A	
	8b.	Interest and dividends	8b		\$ —		0.00	\$ 		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$ \$		0.00	\$		N/A	-
	8d.	Unemployment compensation	8d	l.	\$		0.00	\$		N/A	-
	8e.	Social Security	8e	·.	\$	(0.00	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	_ 8f. 8g	١.	\$	(0.00	\$ 		N/A N/A	_
	8h.	Other monthly income. Specify:	_ 8h _	1.+	\$		0.00	+ \$		N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		(0.00	\$		N/A	A
10	Cale	culate monthly income. Add line 7 + line 9.	10.	\$		403.82	+ \$		N/A =	= \$	5,403.82
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,	403.02	* *-		IN/A] ^{\Pi} -	5,403.62
11.	Stat Inclu othe Do r	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your for friends or relatives. In the contributions from an unmarried partner, members of your household, your for friends or relatives. In the contribution of the contributions of th	depe						chedule . 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	5,403.82
13.		you expect an increase or decrease within the year after you file this form? No.	,							Combir monthly	ned y income
	П	Yes, Explain:									

Official Form 106I Schedule I: Your Income page 2

E:II	in this informs	tion to identify yo	our occo:			Ì					
	III IIIIS IIIIOIIIIa	tion to identify yo	Jui Case.								
Deb	tor 1	Gary L Hathaway					Check if this is:				
Dob	tor O						An amended filing				
!	tor 2 ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:			
(-								g			
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF MISSO	JRI		MM / DD / YYYY				
Cas	e number										
!	nown)										
Οſ	fficial Fo	rm 106J									
		J: Your	Evnor	1606				40	4 5		
				Iろじる . If two married people ar	a filing tagether by	oth are equ	ally raspansible fo	12/	15		
info	ormation. If m		eded, atta	ch another sheet to this							
Par	t 1: Descr	ibe Your House	hold								
1.	Is this a join		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_		
	■ No. Go to	line 2									
			in a separ	ate household?							
	□ N										
	=	_	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Deb	tor 2.				
2.	Do you have	e dependents?	■ No								
	Do not list De	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?			
	Debtor 2.			each dependent	Debitor 1 or Debitor	-	aye	_			
	Do not state							□ No			
	dependents	names.						☐ Yes			
								□ No □ Yes			
								☐ Yes			
								☐ Yes			
								□ No			
								☐ Yes			
3.	Do your exp	enses include	_	No				1 103			
		f people other t	han $_{m \Box}$	Yes							
	yourself and	d your depende	nts?	163							
		ate Your Ongoi									
exp				uptcy filing date unless y y is filed. If this is a supp)		
Incl	lude exnense	s paid for with	non-cash	government assistance i	f vou know						
				cluded it on Schedule I: Y							
(Off	ficial Form 10	6I.)					Your expe	enses			
		_									
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$	3	0.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a. \$	3	0.00			
		rty, homeowner's	s, or renter	's insurance		4a. \$ 4b. \$	· .	0.00			
	•	•		ıpkeep expenses		4c. \$		190.00			
		owner's associat	•			4d. \$		0.00			
5.	Additional n	nortgage payme	ents for vo	our residence, such as ho	me equity loans	5. \$	3	0.00			

btor 1 Gar	y L Hathaway	Case num	ber (if kn	lown)
Utilities:				
6a. Elec	tricity, heat, natural gas	6a.	\$	300.00
6b. Wat	er, sewer, garbage collection	6b.	\$	85.00
6c. Tele	phone, cell phone, Internet, satellite, and cable services	6c.	\$	235.00
6d. Oth	er. Specify:	6d.	\$	0.00
	housekeeping supplies	7.	\$	430.00
	and children's education costs	8.	\$ —	0.00
	laundry, and dry cleaning	9.	\$ —	150.00
•	care products and services	10.		100.00
	nd dental expenses			
	•	11.	Ф	140.00
	ation. Include gas, maintenance, bus or train fare.	12.	\$	390.00
	ude car payments.		·	
	ment, clubs, recreation, newspapers, magazines, and boo			100.00
	e contributions and religious donations	14.	>	0.00
Insurance		00		
	ude insurance deducted from your pay or included in lines 4 of		ď	2.22
15a. Life		15a.		0.00
	Ith insurance	15b.	· —	0.00
	icle insurance	15c.	·	115.00
15d. Oth	er insurance. Specify:	15d.	\$	0.00
Taxes. Do	not include taxes deducted from your pay or included in lines	4 or 20.		
Specify:	Personal Property Taxes	16.	\$	35.00
Installme	nt or lease payments:			
	payments for Vehicle 1	17a.	\$	0.00
	payments for Vehicle 2	17b.	\$	0.00
	or Specific	17c.	\$	0.00
	er. Specify:	17d.	· —	0.00
	nents of alimony, maintenance, and support that you did		Ψ	
	from your pay on line 5, Schedule I, Your Income (Official		\$	0.00
	ments you make to support others who do not live with y		\$	0.00
Specify:	ments you make to support others who do not live with y	19.	Ψ —	0.00
	property expenses not included in lines 4 or 5 of this for		ur Ince	amo.
	tgages on other property	20a.		0.00
	l estate taxes	20b.		
				0.00
	perty, homeowner's, or renter's insurance	20c.	· —	0.00
	ntenance, repair, and upkeep expenses	20d.	• —	0.00
20e. Hon	neowner's association or condominium dues	20e.	\$	0.00
Other: Sp	ecify: Misc. Expenses	21.	+\$	50.00
Pet care.	food, vet cost		+\$	95.00
	your monthly expenses		_	
	nes 4 through 21.		\$_	2,415.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official F	Form 106J-2	\$	
22c, Add li	ne 22a and 22b. The result is your monthly expenses.		\$	2,415.00
	, , ,			
	your monthly net income.			
23a. Cop	y line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,403.82
23b. Cop	y your monthly expenses from line 22c above.	23b.	-\$	2,415.00
•	• •			
23c. Sub	tract your monthly expenses from your monthly income.			2 222 22
	result is your monthly net income.	23c.	\$	2,988.82
For example modification	pect an increase or decrease in your expenses within the a, do you expect to finish paying for your car loan within the year or do to the terms of your mortgage?	e year after you file this you expect your mortgage	form? payment	to increase or decrease because of a
■ No.				
— 110.				

Fill in this infor	rmation to identify your	case:			
Debtor 1	Gary L Hathaway				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
, ,					
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF MISSOURI		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For					
Declara t	tion About a	ın Individual	Debtor's Sc	hedules	12/15
years, or both. 1	y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 gn Below		rruptcy case can result if	1 fines up to \$∠50,000), or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bank	ruptcy Petition Preparer's Notice,
	·			Declaration,	and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	d with this declaration	n and
X /s/ Ga	ry L Hathaway		X		
	L Hathaway		Signature of I	Debtor 2	
	ure of Debtor 1		- 5		
Date	January 30, 2019		Date		
_	January 50, 2015				

Fill	in this inforn	nation to identify you	r case:							
Deb	otor 1	Gary L Hathawa	v							
		First Name	Middle Name	Last Name						
	otor 2 use if, filing)	First Name	Middle Name	Last Name						
Unit	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MISSOURI						
Cas	se number									
(if kn	_				_	heck if this is an mended filing				
∩f	ficial Fo	rm 107								
			Affairs for Individ	duals Filing for B	ankruptcy	4/10				
info	rmation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup γ additional pages, write you					
	<u> </u>	n). Answer every que								
			arital Status and Where You	Lived Before						
1.	wnat is you	/hat is your current marital status?								
	■ Married■ Not mar	ried								
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	■ No	No.								
	☐ Yes. Lis	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. state					ity property state or territory co, Texas, Washington and W					
	_		,,,		, ·, · ·	,				
	■ No □ Yes. Ma	ike sure vou fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H)						
		ine sare you iii out oor	Todale 11. Toda Godestoro (G	modification room.						
Par	t 2 Explai	n the Sources of You	r Income							
4.	Fill in the total	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?				
	□ No									
		in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,128.89	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Debtor 1	Gary L Hathaway	Pg 35 of 60	Case number (if known)	

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$79,884.81	☐ Wages, comm bonuses, tips	issions,	
	☐ Operating a business		☐ Operating a bu	ısiness	
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$76,565.00	☐ Wages, comm bonuses, tips	issions,	
	☐ Operating a business		☐ Operating a bu	ısiness	
 Did you receive any other incom Include income regardless of whet and other public benefit payments; winnings. If you are filing a joint ca List each source and the gross inc No Yes. Fill in the details. 	her that income is taxable. Exa pensions; rental income; inter se and you have income that y	amples of other income are a test; dividends; money collector received together, list it contains the contains and the contai	ted from lawsuits; ro nly once under Deb	yalties; and tor 1.	
	Debtor 1		Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incor Describe below.	ne	Gross income (before deductions and exclusions)
Part 3: List Certain Payments You	ı Made Before You Filed for ∣	Bankruptcy			
individual primarily for a During the 90 days before No. Go to line of Yes List below paid that continct include * Subject to adjustmen Yes. Debtor 1 or Debtor 2 of During the 90 days before No. Go to line of Yes List below include pay	Debtor 2 has primarily consular personal, family, or household personal, family, or household personal, family, or household personal, family, or household personal persona personal personal personal personal personal personal personal p	Imer debts. Consumer debts Id purpose." d you pay any creditor a tota d a total of \$6,425* or more ints for domestic support oblighis bankruptcy case. Is after that for cases filed on imer debts. d you pay any creditor a tota d a total of \$600 or more and	of \$6,425* or more? n one or more paymations, such as child or after the date of a lof \$600 or more?	ents and th d support ar adjustment.	e total amount you nd alimony. Also, do
Creditor's Name and Address	Dates of payme	nt Total amount	Amount you still owe	Was this pa	ayment for

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pq 36 of 60 Case number (if known) Debtor 1 Gary L Hathaway Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Amount you Dates of payment Total amount Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you Include creditor's name paid still owe Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 1811-SC00135 - LOAN MASTER V **AC Small Claims** 11th Judicial Circuit Court □ Pending **GARY L HATHAWAY (E-CASE)** 300 North 2nd Street over \$100 □ On appeal 1811-SC00135 Saint Charles, MO 63301 Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain** what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 37 of 60 Case number (if known) Debtor 1 Gary L Hathaway Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details.

— 1 co. 1 iii iii tiic detailo.			
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
A & L, Licker Law Firm, LLC 1861 Sherman Drive Saint Charles, MO 63303	Attorney Fee for Case #18-46052	9/17/2018	\$45.00
A & L, Licker Law Firm, LLC 1861 Sherman Drive Saint Charles, MO 63303 Tobias@lickerlawfirm.com	Attorney Fees	1/11/2019	\$45.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

Nο

☐ Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

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Debtor 1 Gary L Hathaway

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other the transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proinclude gifts and transfers that you have already listed on this statement. No									
	☐ Yes. Fill in the details.									
	Person Who Received Transfer Address	-	Description and value of property transferred		Describe any property or payments received or debts paid in exchange		sfer was			
	Person's relationship to you				.					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a	self-settle	d trust or similar device	of which yo	u are a			
	Yes. Fill in the details.									
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Tran	sfer was			
						maue				
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and St	orage Unit	S					
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o	r other financial accour	nts; certificates	of deposi		·	,			
	houses, pension funds, cooperatives, assoc	ciations, and other finar	icial institution	S.						
	No									
	Yes. Fill in the details.									
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred					Last before c	balance losing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it?				
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?									
	■ No □ Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it?				
Par	t 9: Identify Property You Hold or Control	for Someone Else								
23.	Do you hold or control any property that sor for someone.	meone else owns? Inclu	ude any propert	y you bori	rowed from, are storing f	or, or hold i	n trust			
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value			
Par	t 10: Give Details About Environmental Info	ormation								
For	the purpose of Part 10, the following definition	ons apply:								

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Gary L Hathaway

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Repo	ort a	II notices, releases, and proceedings that	t you know about, regardless of wh	en the	ey occurred.							
24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?											
		No Yes. Fill in the details.										
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice						
25.	Hav	Have you notified any governmental unit of any release of hazardous material?										
		No Yes. Fill in the details.										
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice						
26.	Hav	e you been a party in any judicial or adm	inistrative proceeding under any en	viron	mental law? Include settlements a	nd orders.						
		No Yes. Fill in the details.										
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case						
Par	111:	Give Details About Your Business or C	onnections to Any Business									
27.	Witl	hin 4 years before you filed for bankrupto	y, did you own a business or have a	any of	f the following connections to any	business?						
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)										
		☐ A partner in a partnership										
		☐ An officer, director, or managing exe	cutive of a corporation									
		☐ An owner of at least 5% of the voting	or equity securities of a corporatio	n								
		No. None of the above applies. Go to Pa	art 12.									
		Yes. Check all that apply above and fill i	n the details below for each busine	SS.								
		siness Name dress	Describe the nature of the business	5	Employer Identification number Do not include Social Security r							
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed							
		hin 2 years before you filed for bankruptc itutions, creditors, or other parties.	y, did you give a financial statemen	t to a		de all financial						
		No										
	☐ Yes. Fill in the details below. Name Date Issued											
		dress mber, Street, City, State and ZIP Code)										

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document

Debtor 1 Gary L Hathaway Pg 40 of 60 Case number (if known)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ga	ary L Hathaway	
Gary L Hathaway		Signature of Debtor 2
Signa	ture of Debtor 1	
Date	January 30, 2019	Date
Did yo	u attach additional pages to Your S	tatement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes	3	
Did yo	u pay or agree to pay someone who	is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	s. Name of Person Attach the B	Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:							
Debtor 1	Gary L Hathaway						
Debtor 2 (Spouse, if filing)							
United States B	ankruptcy Court for the: Eastern District of Missouri						
Case number (if known)							

Check as directed in lines 17 and 21:										
1	According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

uuun	ional pages, write your name and oase namber (ii i						
Part	1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one o	nly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11.						
10 th	II in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6-re e 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that	month per al by 6. Fil	iod would I in the re	l be March 1 throu sult. Do not includ	igh August 31. If the ame le any income amount m	ount of your monthly income varied ore than once. For example, if bot	l during
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	, and co	mmissio	ons (before all	\$	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e payme	nts from	a spouse if	\$	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spou you listed on line 3.	contributions nts, parents,	\$0.00	\$			
5.	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$ _	0.00				
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	\$	
6.	Net income from rental and other real property	Debtor					
	Gross receipts (before all deductions)	\$_	0.00				
	Ordinary and necessary operating expenses	- \$ _	0.00				
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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7,343.45
al average
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onal
0.00
7,343.45
7,343.45
2
38,121.40
r = 1

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16	. Calculate the median family income that applies to	you. Follow these steps:		
	16a. Fill in the state in which you live.	MO		
	16b. Fill in the number of people in your household.	1		
	16c. Fill in the median family income for your state and To find a list of applicable median income amounts	s, go online using the link specified in th	e separate	\$47,125.00
	instructions for this form. This list may also be avai	lable at the bankruptcy clerk's office.		
17	. How do the lines compare?			
	17a. Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Disposable Income (C		
Par	t 3: Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line 1	1.	\$	7,343.45
	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13.	married, your spouse is not filing with y 1 U.S.C. § 1325(b)(4) allows you to dec	ou, and you duct part of your	2.22
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	- \$_	0.00
	19b. Subtract line 19a from line 18.		\$	7,343.45
20.	Calculate your current monthly income for the year.	Follow these steps:		
	20a. Copy line 19b	, 		\$ 7,343.45
	Multiply by 12 (the number of months in a year).			x 12
				X 12
	20b. The result is your current monthly income for the y	ear for this part of the form		\$88,121.40_
	20c. Copy the median family income for your state and	size of household from line 16c		\$ 47,125.00
	200. 2007 1.10 1.10 1.10 1.10 1.10 1.10 1.10 1			·
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherwing period is 3 years. Go to Part 4.	se ordered by the court, on the top of p	age 1 of this form, check box	3, The commitment
	■ Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	lless otherwise ordered by the court, or	the top of page 1 of this form	n, check box 4, <i>The</i>
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that t	he information on this statement and in	any attachments is true and	correct.
3	/ /s/ Gary L Hathaway			
•	Gary L Hathaway			
	Signature of Debtor 1			
	Date January 30, 2019 MM / DD / YYYY			
	If you checked 17a, do NOT fill out or file Form 122C-2.			
	If you checked 17b, fill out Form 122C-2 and file it with t	his form. On line 39 of that form, copy	our current monthly income	from line 14 above.

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Fill in	this information to	identify your case:						
Debto	r 1 Gary L F	lathaway						
Debto	r 2							
(Spou	se, if filing)							
United	States Bankruptcy	Court for the: Eastern D	District of Missouri					
Case i	number wn)					☐ Check if the	nis is an amende	d filing
Officia	I Form 122C-2							
		culation of Yo	our Disposa	able Ind	come			04/16
	out this form, you v itment Period (Office	vill need your completed cial Form 122C-1).	d copy of <i>Chapter 13</i>	3 Statement	of Your Curren	t Monthly Inco	ome and Calculation	on of
space	is needed, attach a	rate as possible. If two i separate sheet to this f our name and case num	form, Include the line					
Part 1	Calculate You	ır Deductions from You	r Income					
the	questions in lines	Service (IRS) issues Nat 6-15. To find the IRS sta be available at the bank	andards, go online u	ısing the lin				
exp	enses if they are hig	ounts set out in lines 6-15 her than the standards. D luct any amounts that you	o not include any ope	erating exper	nses that you sub	otracted from in	ncome in lines 5 and	
If yo	our expenses differ f	om month to month, ente	er the average expens	se.				
Not	e: Line numbers 1-4	are not used in this form.	These numbers appl	ly to informat	tion required by a	a similar form u	sed in chapter 7 ca	ises.
5.	The number of pe	ople used in determinir	ng your deductions f	from income	е			
	plus the number of	of people who could be cla any additional dependen ble in your household.					1	
Nat	ional Standards	You must use the	IRS National Standard	rds to answei	r the questions in	lines 6-7.		
6.		nd other items: Using the e dollar amount for food,			n line 5 and the IF	RS National	\$	647.00
7.	the dollar amount f people who are 65	alth care allowance: Using or out-of-pocket health care or older-because older parts amount, you may deduce the care of the ca	are. The number of pe beople have a higher l	eople is split IRS allowan	into two categorions ce for health car	espeople who	are under 65 and	

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People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 X 1 7c. Subtotal. Multiply line 7a by line 7b. 8 52.00 Copy heres> \$ 52.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 8 114 7e. Number of people who are 65 or older 7d. Out-of-pocket health care allowance per person 8 114 7e. Number of people who are 65 or older 7 years of people who are 65 or older 7 years of people who are 65 or older 7 years of yea	ODIOI I	_	ary E mamaway			`	base namber (ii iiii				
7b. Number of people who are under 65	Peop	ole w	who are under 65 years of age								
People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7d. Out-of-pocket health care allowance per person 7d. Out-of-pocket health care allowance per person 7f. Subtotal. Multiply line 7d by line 7e. 8		7a.	Out-of-pocket health care allowance per person	\$	52						
People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy heres> \$ 0.00 7g. Total. Add line 7c and line 7l \$ 52.00 Copy total heres> \$ 52.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: # Housing and utilities - Insurance and operating expenses Housing and utilities - Insurance and operating expenses: Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Insurance and operating expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment and all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, and all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor By Total average monthly payment for all mortgage or rent expenses. 9c. Net mortgage or rent expense. Subtract line 9b (to		7b.	Number of people who are under 65	X	1_						
7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00		7c.	Subtotal. Multiply line 7a by line 7b.	\$	52.00		Copy here=>	\$	52.00		
7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00	Dani	ala u	who are CE years of are availed								
7e. Number of people who are 65 or older X 0 0.00 Copy here=> \$ 0.00 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00 7g. Total. Add line 7c and line 7f \$ 52.00 Copy total here=> \$ 52.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy, Next divide by 60. Name of the creditor Average monthly payment \$ 1,168.96 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.00 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.	Peop	oie w	vno are 65 years of age or older								
7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here> \$ 0.00 7g. Total. Add line 7c and line 7l \$ 52.00 Copy total here> \$ 5.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.				\$	114						
To answer the questions in lines 8-9, use the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses ■ Housing and utilities - Mortgage or rent expenses Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Home Point Financial C \$ 1,168.96 Copy		7e.	·								
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separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Home Point Financial C \$ 1,168.96 9b. Total average monthly payment \$ 1,168.96 Copy here \$ 1,168.96 Repeat this amount on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.	■ н	ousi	ing and utilities - Mortgage or rent expenses								
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Second Standard for your county for mortgage or rent expenses. Second Standard for housing is incorrect and affects the calculation of your monthly payments division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Second Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Second Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Second Standard for housing is incorrect and Second Standard for housing is incorrect a	9.		•		3 - 1 -				_		
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contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Home Point Financial C \$ 1,168.96 9b. Total average monthly payment \$ 1,168.96 Copy here=> -\$ 1,168.96 Repeat this amount on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00		9b.	Total average monthly payment for all mortgages a	nd other	debts secu	red by you	ur home.				
Home Point Financial C 9b. Total average monthly payment 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00			contractually due to each secured creditor in the 60								
9b. Total average monthly payment \$ 1,168.96 Copy here=> -\$ 1,168.96 Repeat this amount on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00			Name of the creditor		_	nthly					
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Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00			9b. Total average monthly paymen	t \$_	1,1	68.96		1,			mount
or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00 here=> \$ 0.00 0.00 here=> \$ 0.00 0.00 here=> \$ 0.00 0.00 here=> \$ 0.00 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.		9c.	Net mortgage or rent expense.				I		7		
affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00			` , , ,		a (<i>mortgag</i>	ie	\$	0.00		\$	0.00
	10.	affe	cts the calculation of your monthly expenses, fill					incorrect a	nd	\$	0.00

11.	Loc	cal tra	nsportation expenses	: Check the number of vehic	cles for which	n you claim	an ownersh	ip or operating	g expense.	
	□ 0. Go to line 14.									
		1. Go	to line 12.							
		2 or m	ore. Go to line 12.							
12.				ing the IRS Local Standards perating Costs that apply for						202.00
13.	Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.									
Ve	hick	e 1	Describe Vehicle 1:	2014 Volkswagen Jetta miles Good Condition (Misty Valley Dr, Saint P	Co- Signer	With Frie				
13a.	. Ow	nershi	p or leasing costs using	g IRS Local Standard			. \$	497.00		
13b.		Ū	monthly payment for all	debts secured by Vehicle 1. rehicles.						
	are	contra		y payment here and on line 1 cured creditor in the 60 mont			at			
		Nam	ne of each creditor for	Vehicle 1	Average n	nonthly				
		San	tander Consumer l	Jsa	\$	380.16				
			Total A	verage Monthly Payment	\$	380.16	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net	Vehic	cle 1 ownership or lease	e expense					Copy net	
	Sul	otract	ine 13b from line 13a. i	f this number is less than \$0	, enter \$0		. \$	116.84	Vehicle 1 expense here => \$	116.84
Ve	hicle	e 2	Describe Vehicle 2:							
13d.	. Ow	nershi	p or leasing costs using	g IRS Local Standard			. \$	0.00		
13e.			monthly payment for all hicles.	debts secured by Vehicle 2.	Do not inclu	ude costs fo	r			
		Nam	e of each creditor for	Vehicle 2	Average n	nonthly				
					\$					
			Total a	verage monthly payment	\$		Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net	Vehic	ele 2 ownership or lease	e expense					Copy net Vehicle 2	
	Sul	otract	ine 13e from line 13d. i	f this number is less than \$0	, enter \$0		\$	0.00	expense here	0.00
14.				: If you claimed 0 vehicles e allowance regardless of v					 n the \$	0.00
15.	also	o dedu	ct a public transportation	on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i>	hat you belie					0.00

Case number (if known)

Debtor 1 Gary L Hathaway

Oth	er Necessary Expenses	In addition to the expense of the following IRS categories		ns listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soo your pay for these taxes. He	ial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxe ive a tax	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	1,595.88
17.	•	he total monthly payroll ded	uctions t	hat vour iob re	quires, such as retirement	-	
	contributions, union dues, a	and uniform costs.				•	55.84
		, ,, ,		,	11(k) contributions or payroll savings.	\$	55.64
18.	filing together, include payr	nents that you make for your or life insurance on your depe	spouse'	s term life insu	e insurance. If two married people are irance. I spouse's life insurance, or for any form	\$	0.00
19.	administrative agency, such	The total monthly amount the as spousal or child support	paymen	its.	•	Φ.	0.00
		-			You will list these obligations in line 35.	\$	0.00
20.		nly amount that you pay for e	ducation	n that is either	required:		
	as a condition for your jo						0.00
	for your physically or me	entally challenged dependent	child if i	no public educ	ation is available for similar services.	\$	0.00
21.		ly amount that you pay for cl r any elementary or seconda		•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.				s not reimbursed by insurance or paid		
	Payments for health insura	nce or health savings accour	nts shoul	d be listed only	y in line 25.	\$	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					+\$	0.00
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS expe	nse allo	wances.		\$	3,144.56
Add	litional Expense Deduction	These are additional d Note: Do not include a					
25.					nses. The monthly expenses for health oly necessary for yourself, your spouse, o	r	
	Health insurance		\$	27.95			
	Disability insurance		\$	0.00			
	Health savings account	+	\$	0.00	_		
	Total		\$	27.95	Copy total here=>	\$	27.95
	Do you actually spend this No. How much do y						
	Yes	od actually sperio:	\$				
26.	Continued contributions continue to pay for the reas your household or member	onable and necessary care a	r family and supposition	oort of an elder ble to pay for s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	\$	0.00
27.					enses that you incur to maintain the ses Act or other federal laws that apply.		
	By law, the court must keep	the nature of these expense	es confid	lential.		\$	0.00

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	Gary L Hathaway		Case number (if kno	wn)					
28.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insur	ance and operati	ng ex	pense	s on			
	If you believe that you have home energy of 8, then fill in the excess amount of home en		costs included in	exp	enses	on line	Э		
	You must give your case trustee document amount claimed is reasonable and necessary		nust show that the	addi	tional			\$	0.00
29.	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.								
	You must give your case trustee document claimed is reasonable and necessary and it		nust explain why t	he ar	nount				
	* Subject to adjustment on 4/01/19, and ev	ery 3 years after that for cases begun on	or after the date	of adj	ustme	nt.		\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standard							
	To find a chart showing the maximum addinstructions for this form. This chart may also			epara	te				
	You must show that the additional amount	claimed is reasonable and necessary.						\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization		ute in the form of	cash	or fina	ncial			
	Do not include any amount more than 15%	of your gross monthly income.						\$	8.67
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$	i	36.62
Ded	uctions for Debt Payment								
	For debts that are secured by an interest oans, and other secured debt, fill in lines		ome mortgages,	vehi	ele				
7	To calculate the total average monthly paym creditor in the 60 months after you file for ba	ent, add all amounts that are contractual	ly due to each se	cured					
		rikrupicy. Then divide by 60.							
	Mortgages on your home	nkruptcy. Their divide by 60.							monthly
33a.	Cany line Oh have	, ,				=>		ymen	t
33a.	Copy line 9b here	initiapity. Then alvide by 60.				=>		ymen	
	Copy line 9b here Loans on your first two vehicles					=> 		ymen	1,168.96
33b.	Copy line 9b here Loans on your first two vehicles Copy line 13b here					=>	\$ \$ \$	ymen	380.16
33a. 33b. 33c.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here					=>		ymen	1,168.96
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here			Does		=> => ent	\$ \$ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Does include or ins	payme	=> => ent	\$ \$ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Does included in the contract of the contract	paymode taxe	=> => ent	\$ _ \$ _ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does includ or ins	paymede taxes urance No Yes	=> => ent	\$ \$ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does included or ins	paymede taxesurance No Yes	=> => ent	\$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Doess or ins	paymede taxeurance No Yes No Yes	=> => ent	\$ _ \$ _ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does include or ins	paymede taxesurance No Yes	=> => ent	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ymen	380.16
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does include or ins	paymede taxe urance No Yes No Yes	=> => ent es e>?	\$	ymen	380.16

		e 33 secured by your prima ur support or the support o			е,				
□ No.	Go to line 35.								
■ Yes.		must pay to a creditor, in add ssession of your property (ca n the information below.							
Name of the	creditor	Identify property that secure	s the d	ebt	To	otal cure amount		onthly o	cure
Home Poi	int Financial C	337 Misty Valley Dr Sa 63376 Saint Charles (Residence- Fair Condi 3 Beds Baths Sqft	County ition			33,213.46 ±			553.56
				\$	_		- 60 = +\$		
				Total	\$	553.56	Copy total here=>	. \$	553.56
		uch as a priority tax, child s f your bankruptcy case? 11			hat				
☐ No.	Go to line 36.								
Yes.		Il of these priority claims. Do it ch as those you listed in line 1		ude current or					
	Total amount of all past-d	ue priority claims			\$	4,755.00	÷ 60	\$	79.25
36. Projecte	d monthly Chapter 13 plan	payment			\$	2,765.00			
Office of the Exec To find a I	the United States Courts (fo utive Office for United States ist of district multipliers that inclu	stated on the list issued by the r districts in Alabama and No s Trustees (for all other distric- ides your district, go online using may also be available at the ban	rth Car ts). the link	olina) or by specified in the	X	5.70			
Average	monthly administrative expe	nse				\$157.61	Copy tota here=>		157.61
	of the deductions for debtes 33e through 36.	t payment.						\$	2,339.54
Total Deduc	tions from Income								
38. Add all d	of the allowed deductions.								
	ne 24, All of the expenses ali e allowances	lowed under IRS	\$	3,144.56	6				
Copy lir	ne 32, All of the additional ex	pense deductions	\$	36.62	2				
Copy lir	ne 37, All of the deductions f	or debt payment	+\$	2,339.54	4	٦			
Total de	eductions		\$_	5,520.72	2	Copy total here=>		\$	5,520.72

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Part 2: Do	etermine You	ur Disposable Income Under 11 U.S.C. § 132	5(b)(2)				
		rent monthly income from line 14 of Form 12 Current Monthly Income and Calculation of 0				\$	7,343.45
childre disabilit received	 The month y payments for d in accordan 	Ity necessary income you receive for supportly average of any child support payments, foster a dependent child, reported in Part I of Form ce with applicable nonbankruptcy law to the extended for such child.	r care payments, or 122C-1, that you	\$_	0	.00	
employe in 11 U.	er withheld fro S.C. § 541(b)	etirement deductions. The monthly total of all om wages as contributions for qualified retirement (7) plus all required repayments of loans from rows (§ 362(b)(19).	nt plans, as specified	I \$_	364	.59	
42. Total of	all deduction	ons allowed under 11 U.S.C. § 707(b)(2)(A). C	opy line 38 here=	> \$	5,520	.72	
expense their ex	es and you ha penses. You i	ial circumstances. If special circumstances just ave no reasonable alternative, describe the spe must give your case trustee a detailed explanat ocumentation for the expenses.	cial circumstances an	nd			
Describe th	ne special ci	rcumstances	Amount of expe	ense			
			\$				
			\$				
			\$				
		Γ		Сор	v		
		Total	0.00		e=> \$ 	0.00	
44. Total ad	djustments.	Add lines 40 through 43.	=> [\$	5,885.31	Copy here=> -\$	5,885.31
45. Calcula	ite your mon	thly disposable income under § 1325(b)(2).	Subtract line 44 from I	line 39	-	\$	1,458.14
Part 3: Cl	hange in Inco	ome or Expenses					
have ch time you you filed	anged or are ur case will be d your petitior	or expenses. If the income in Form 122C-1 or to virtually certain to change after the date you fill to open, fill in the information below. For example, check 122C-1 in the first column, enter line 2 in when the increase occurred, and fill in the arm	ed your bankruptcy pe e, if the wages reporte in the second column	etition a ed incr n, expla	and during the eased after		
Form	Line	Reason for change	Date of change		Increase or decrease?	Amount of ch	ange
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$ \$ \$	
☐ 122C-2					☐ Decrease	\$	

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Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
^	Gary L Hathaway Signature of Debtor 1
Date	<u>January 30, 2019</u> MM / DD / YYYYY

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Debtor 1 Gary L Hathaway Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: U.S. Postal Service

Year-to-Date Income:

Starting Year-to-Date Income: \$35,824.13 from check dated 6/22/2018 .

Ending Year-to-Date Income: \$79,884.81 from check dated 12/22/2018 .

Income for six-month period (Ending-Starting): **\$44,060.68**.

Average Monthly Income: **\$7,343.45**.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-40529 Doc 1 Filed 01/30/19 Entered 01/30/19 17:01:55 Main Document Pg 57 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Missouri

In r	e Gary L Hathaway		Case No.		
		Debtor(s)	Chapter	13	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be paid	l to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	4,800.00	
	Prior to the filing of this statement I have received.		\$	45.00	
	Balance Due		\$	4,755.00	
2.	\$310.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are men	nbers and associates of m	ıy law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the nat				firm. A
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	ts of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] 	tement of affairs and plan which	n may be required;		otcy;
7.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any otl				
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	r payment to me for	representation of the deb	tor(s) in
	January 30, 2019	/s/ Tobias Licker			
_	Date	Tobias Licker			_
		Signature of Attorna A & L, Licker Lav			
		1861 Sherman D			
		Saint Charles, M	O 63303		
		636-916-5400 Fa			
		Tobias@lickerlay	wtirm.com		

Name of law firm

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United States Bankruptcy Court Eastern District of Missouri

In re	Gary L Hathaway		Case No.	
		Debtor(s)	Chapter	13
	VERIF	ICATION OF CREDITOR MAT	TRIX	
contai compl	ning the names and addresses of n	by certifies/certify under penalty ony creditors (Matrix), consisting of		
		/s/ Gary L Hathaway Gary L Hathaway		
		Debtor		
		Dated: January 30, 2	019	

Americash Loan 10026 W Florissant Ave Saint Louis, MO 63136

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Check Into Cash 2208 State Hwy K O Fallon, MO 63368

Credit One PO Box 98873 Las Vegas, NV 89193

Credit One PO Box 98872 Las Vegas, NV 89193

Global Payments Check Po Box 59371 Chicago, IL 60659

Home Point Financial C 11511 Luna Rd Ste 300 Farmers Branch, TX 75234

IRS
PO Box 7346
Philadelphia, PA 19101-7346

Loan Depot 719 Hwy K O Fallon, MO 63366

Loan Master DBA TITLE CASH 11685 W Floissant Florissant, MO 63033

LVNV Funding, LLC C/O Resurgent Capital Services Bankruptcy Department PO Box 10497, MS 576, Suite 110 Greenville, SC 29603

Millsap & Singer, P.C. 612 Spirit Drive Chesterfield, MO 63005

Missouri Department of Revenue PO Box 475 301 W. High Street Jefferson City, MO 65105-0475 Onemain
Po Box 1010
Evansville, IN 47706

Personal Finance/marin 8211 Town Center Dr Baltimore, MD 21236

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

United States Attorney 111 South 10th Street 20th Floor Saint Louis, MO 63102

World Finance Corporat 108 Frederick St Greenville, SC 29607